



Collaborative for Community Wellness

Asociación Colaborativa para el Bienestar Comunitario

911 Behavioral Health Call Rates Across Chicago's Wards: Understanding Call Rates in the Context of Disinvestment in Public Mental Health Services

Introduction

There is a well established body of research documenting the extent of unmet mental health needs and mental health service access barriers among economically marginalized community residents in Chicago. Findings from a mental health needs assessment on Chicago's southwest side and a city-wide survey on mental health service access have consistently identified that despite a high demand for mental health services, barriers including cost, lack of insurance coverage, and a lack of services in their community of residence impede individuals from accessing emotional support.^{1 2} Inequities in mental health service access stem from decades of disinvestment in Chicago's public mental health infrastructure. While Chicago had 19 city-run public mental health centers in the 1990's³, that number has decreased to 5 in the present day.⁴ The current administration often touts their recent subcontracting of funds to private non-profit mental health providers from the American Rescue Plan Act (ARPA) funds as an important step toward increasing access to mental health services throughout the city. Research has found, however, that this practice of sub-contracting funds to private providers does not address the most common mental health service access barriers. Findings from an assessment of city-funded mental health service providers in 2021 indicated that less than half (48%) of the city-funded providers offered an option for free services, and one quarter (25%) did not offer services to individuals who were uninsured. Furthermore, over one third (35%) of city-funded providers reported that people waited for appointments between one and three weeks, and another 29% reported a wait time of between one and three months⁵. That is over half the sample reporting long wait times for interventions that need to

¹ Collaborative for Community Wellness (2018). *Uplifting voices to create new alternatives: Documenting the mental health crisis for adults on Chicago's southwest side*. Available at <https://www.collaborativeforcommunitywellness.org/2018>

² Collaborative for Community Wellness (2020). Mental health service access in Chicago: Findings from a city-wide survey. Available at <https://www.collaborativeforcommunitywellness.org/2020>

³ Coalition to Save our Mental Health Clinics (n.d.). Mission and history. Available at <https://saveourmentalhealth.org/mission--history.html>

⁴ Foiles, J. (2018, January 9). Facing a mental health care system gutted by Mayor Emanuel, Chicago residents plagued by gun violence are opting to fund their own clinics. *Belt Magazine*. Retrieved from <https://beltmag.com/fixing-chicago-mental-health-system>

⁵ Collaborative for Community Wellness (2021). Assessing mental health service accessibility in Chicago: Findings from a survey of city-funded private non-profit providers. Available at <https://www.collaborativeforcommunitywellness.org/2021>

be timely. In a recent interview, Chicago Department of Public Health (CDPH) Commissioner Allison Arwady also cited the limitations of privatization, saying: “Workforce challenges and a limited number of mental health professionals make it difficult to provide more mental health care across the city.”⁶ Separately, a recent report by the City Council Office of Financial Analysis flagged another significant problem with privatization, stating that: “While providing resources towards mental health safety net is important, issues can arise when it comes to oversight and accountability of funds going to non-public providers of these services.”⁷ The private sector model of providing mental health services is not accountable to the public as the public mental health centers are. With the decimation of the public safety net and a network of private non-profit providers who cannot keep pace with the demand for services, mental health needs often go unaddressed until they reach a point of crisis. In these emergent situations, community members are left with no other option but to call 911 when they find themselves or a family member in need of immediate intervention. In order to further explore how disinvestment in public mental health services has informed rates of 911 behavioral health calls in Chicago, the Collaborative for Community Wellness (CCW) undertook a mapping project in which we overlaid call rates throughout the city with the locations of open, closed, and privatized public mental health centers. This brief provides an overview of our project methodology and highlights key findings.

Methodology

Using publicly available data through The City of Chicago’s Office of the Inspector General,⁸ we plotted 911 behavioral health call rates per 100,000 residents between January 1, 2019 and February 8, 2022. The rates are for the entire period of 3.1 years rather than an annual rate. We displayed the data by Chicago ward, split into 5 groups of 10 wards each, and color-coded the rates: wards with lower rates were shaded lighter blues, while wards with higher rates were shaded darker blues. We created a map that overlaid these data with the locations of open, closed, and privatized public mental health centers in Chicago. Locations came from the Coalition to Save our Mental Health Clinics and Chicago Department of Public Health websites. We created a second map that overlaid these data with insurance rates throughout the city. We used Maptitude to create both maps.

Key Findings

As highlighted in map 1, wards with high rates of behavioral health 911 calls tend to be concentrated in areas of the city where public mental health centers have closed. This is particularly evident on Chicago's South Side, where disinvestment has led to a swath of public mental health center closures. South Side wards 6, 7, and 8 have the highest rates of behavioral health 911 calls in the city, with respective rates of 13,203, 17,668, and 22,012 per 100,000 residents. Nearby wards 17, 20, and 21 also have high rates of

⁶ McDonald, M. (2022, July 22). Thousands more Chicagoans are getting mental health care, city’s top doc says - but critics say more must be done. *Block Club Chicago*. Retrieved from <https://blockclubchicago.org/2022/07/22/thousands-more-chicagoans-are-getting-mental-health-care-citys-top-doc-says-but-critics-say-more-must-be-done/>

⁷ City of Chicago, Council Office of Financial Analysis. (Fiscal Year 2023). BUDGET OPTIONS REPORT: Recommendations for revenue, cost-savings, and efficiencies. Retrieved from https://www.chicago.gov/content/dam/city/depts/COFA/OtherReports/COFA_BudgetOptionsReport-FY2023.pdf

⁸ Office of Inspector General Information Portal, Dispatched 911 Calls by Geography, is available [here](#).

behavioral health calls, at 12,162, 12,369, and 11,827 per 100,000 residents; all are higher than the city average of 7,434. Data also highlight the intersection between disinvestment in mental health services and the needs of the unhoused population in Chicago. The 42nd ward, corresponding with much of Chicago's Loop and River North areas, has a high rate of behavioral health 911 calls and has been identified as having a high count of unsheltered individuals.⁹ When business owners and passersby perceive that an unsheltered individual is experiencing a mental health crisis, they may call 911 in the absence of alternative supportive services. In addition, lower behavioral health 911 call rates on Chicago's Northwest and Southwest Sides should be considered in the context of high uninsurance rates (see map 2)¹⁰. Concerns about the costs of hospitalization may deter uninsured community members from calling 911 when experiencing a mental health crisis. Lastly, research indicates that immigration status and fear of deportation is a factor that stops immigrant community members from calling the police in the midst of a crisis.^{11 12} Recognizing that Chicago's Northwest and Southwest Sides are also home to large immigrant populations,^{13 14} it is possible that undocumented community members may be hesitant to call 911 during an emergent mental health situation for fear that they or a family member will be vulnerable to Immigration and Customs Enforcement (ICE) if they are incarcerated as a result of the encounter. Despite Chicago's sanctuary city status, the distinction between law enforcement agencies may be unclear, and even though the Chicago Police Department is restricted from working with immigration enforcement authorities, ICE still operates in Chicago.

⁹ Department of Family and Support Services and Nathalie P. Voorhees Center for Neighborhood & Community Improvement at the University of Illinois at Chicago (2020). *City of Chicago 2020 Homeless Point-in-Time Count & Survey Report*. Available at https://allchicago.org/wp-content/uploads/2020/10/2020-PIT-Report_vFinal.pdf

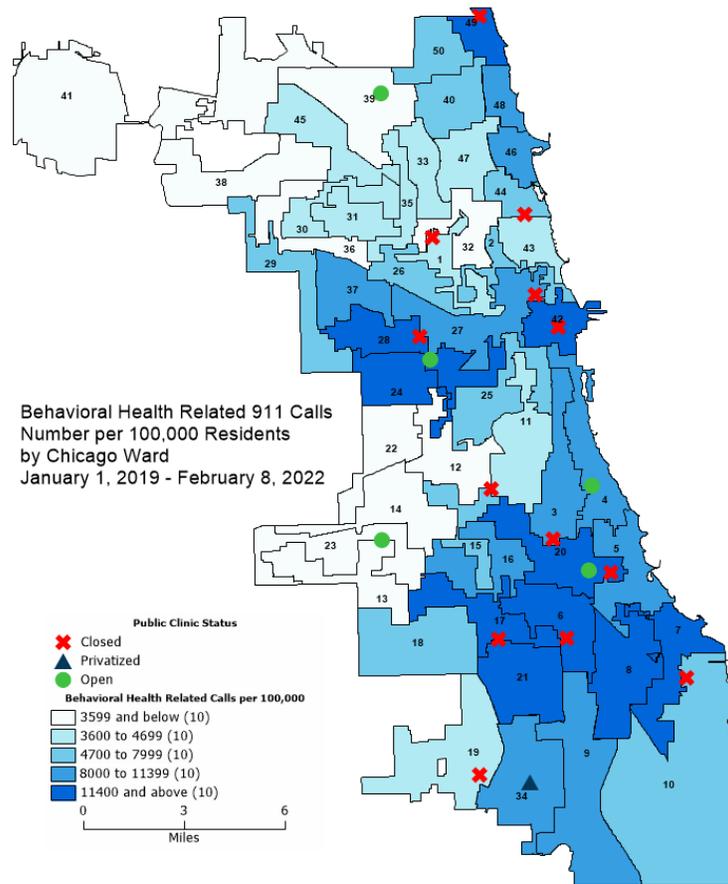
¹⁰ Insurance data are included with the mapping software used, Maptitude. The source for the data is: U.S. Census Bureau. (2012). 2016-2020 5-Year American Community Survey (ACS). S2701: Selected Characteristics of Health Insurance Coverage in the United States. Available at <https://data.census.gov/cedsci/table?t=Health%20Insurance&g=1400000US17031301200&tid=ACST5Y2020.S2701>

¹¹ Messing, J.T., Becerra, D., Ward-Lasher, A., & Androff, D.K. (2015). Latinas' perceptions of law enforcement: Fear of deportation, crime reporting, and trust in the system. *Affilia: Journal of Women and Social Work*, 30(3), 328-340.

¹² American Civil Liberties Union (2018). Freezing out justice: How immigration arrests at courthouses are undermining the justice system. Retrieved from <https://www.aclu.org/report/freezing-out-justice>

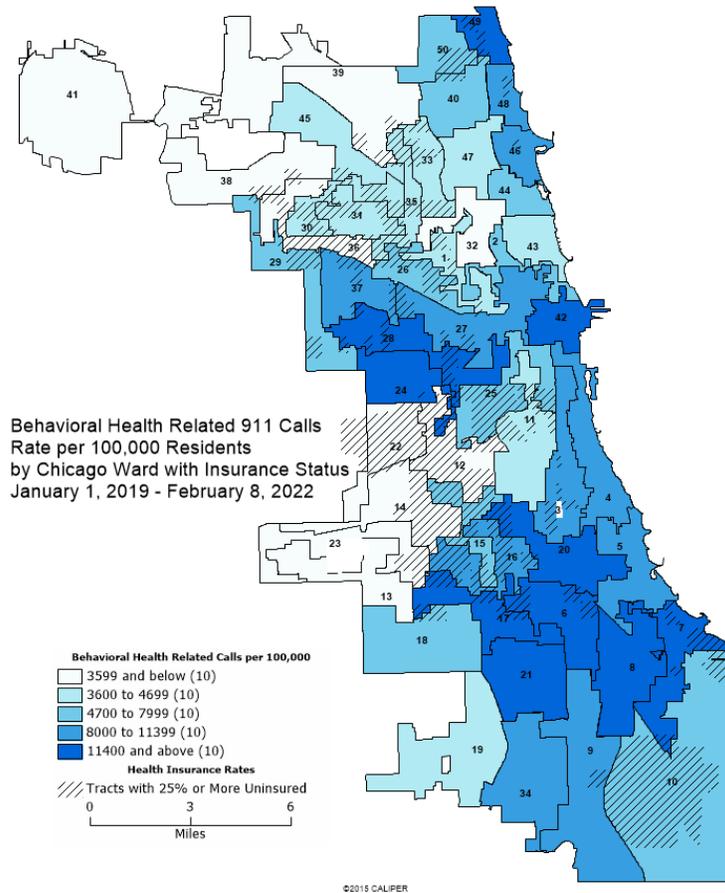
¹³ University of Illinois at Chicago Institute for Research on Race and Public Policy (2017). A tale of three cities: The state of racial justice in Chicago report. Available at http://stateofracialjusticechicago.com/wp-content/uploads/IRRPP_StateOfRacialJusticeReport.pdf

¹⁴ Acosta-Cordova, J.A. (2017). The Latino neighborhoods report: issues and prospects for Chicago. University of Illinois at Chicago Institute for Research on Race and Public Policy & Great Cities Institute. Available at <https://greatcities.uic.edu/wp-content/uploads/2017/10/Latino-Neighborhoods-Report-v2.3.pdf>



Map 1

911 Behavioral Health Call Rates by Ward, with Chicago Department of Public Health Mental Health Center Overlay



Map 2

911 Behavioral Health Call Rates by Ward, with Insurance Status Overlay

Implications

As reflected through the high rates of 911 behavioral health calls in Chicago wards impacted by public mental health center closures, it is clear that unmet mental health needs can escalate to the point of crisis when there is limited access to services. Recognizing that confrontations with police in moments of crisis can have catastrophic consequences, it is critical that the City of Chicago re-invest in public mental health services and re-open shuttered public mental health centers so that all Chicagoans can access supportive services before they reach a point of crisis. The reality is that subcontracting non-renewable relief funds to existing private providers on a short-term basis does not actually create new resources and locations to access services. In contrast, re-opening fully-funded public mental health centers through city corporate funding increases the City's capacity to offer free mental health services through a sustainable service model.

Ensuring that individuals throughout Chicago have access to preventative services requires a shift in funding priorities on the part of the City. For every dollar that is invested in the police, the City of

Chicago currently invests less than one cent in public mental health services.¹⁵ The City cannot and will not interrupt cycles of trauma and violence when they prioritize policing over emotional healing and wellness. Sustained, long-term investment in public mental health services through reestablishing a robust public infrastructure is essential to promoting thriving communities.

About the Collaborative for Community Wellness

The Collaborative for Community Wellness brings together mental health professionals, community-based organizations, advocacy groups, faith-based institutions, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community. The members of the Collaborative are dedicated to the expansion of the public mental health system in the city of Chicago and the creation of a city-wide non-police crisis response system.

Member Organizations

33rd Ward Working Families | 33rd Ward Wellness and Safety Working Group | 46th Ward Neighbors Against Police Violence | 50th Ward United Working Families | ACCTION Lab | A Just Harvest | Albany Park Neighbors | Alliance for Community Services | American Friends Service Committee – Chicago | Augustana Lutheran Church of Hyde Park | Black Lives Matter Chicago | Brighton Park Neighborhood Council (BPNC) | BYP100 | Catholic Charities of the Archdiocese of Chicago | Centro Sanar | Chicago Alliance Against Racist and Political Repression | Chicago Coalition for the Homeless | Chicago Community Mennonite Church | Chicago Democratic Socialists of America | Chicago Homelessness and Health Response Group for Equity (CHHRGE) | CIT International | Communities Organized to Win | Community Mental Health Board of Chicago | Dominican University School of Social Work | Egan Office For Urban Education & Community Partnerships | El Hogar del Niño | Enlace Chicago | Equity and Transformation (E.A.T.) | Erie Neighborhood House | Gads Hill Center | Grassroots Collaborative | Healthcare Alternative Systems (HAS) | Heartland Human Care Services, Inc. - A Company of Heartland Alliance | HOPE at St Pius V | Illinois Coalition for Immigrant and Refugee Rights | Instituto del Progreso Latino | Jewish Council on Urban Affairs | Latino Social Workers Organization | LYTE Collective | Midwest Asian Health Coalition | Mount Sinai Hospital, Under the Rainbow | Mujeres Latinas en Acción | National Association of Social Workers (NASW) Illinois Chapter | Near West Side Mutual Aid | Northeastern Illinois University - Social Work Program Faculty | ONE Northside | Padres Angeles | Peace and Education Coalition of Back of the Yards, New City | Pilsen Alliance | PODER | Port Ministries | Pui Tak Center | Rooted REPS | SEIU Healthcare Illinois | Southside Together Organizer for Power (STOP) | Southwest Organizing Project (SWOP) | St. Martin's Episcopal Church | The Network: Advocating Against Domestic Violence | The Posse Foundation | UIC Minority Students for the Advancement of Public Health | Un Nuevo Despertar | United Church of Christ (Chicago Metropolitan Association of the Illinois Conference) | United Neighbors of the 35th Ward | United Working Families | Universidad Popular | University Church | Youth Guidance

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www.collaborativeforcommunitywellness.org

¹⁵ Center for Popular Democracy (2017). Freedom to thrive: Reimagining safety & security in Our communities. Available at <https://www.populardemocracy.org/news/publications/freedom-thrive-reimagining-safety-security-our-communities>